

## SOME TYPES OF DISABILITIES – A SUMMARY

Information in this handout is adapted from “People with Disabilities” by Moira Horgan Jones (1997) The full document is available on the Disabled Women’s Network Ontario (DAWN) website: [http://dawn.thot.net/disability\\_guide.html](http://dawn.thot.net/disability_guide.html)

**When talking about people with disabilities, one should avoid derogatory labeling, depersonalizing or impersonal reference, stereotyping and making assumptions either about their disability or their need for assistance.**

**Visual Disabilities (VDs)** is an umbrella term, which refers to a spectrum of visual disability variations. VDs include a wide range of visual impairments that cannot be corrected with glasses. Some people are legally blind. Nine in ten percent of people who are legally blind have some degree of vision, so that they might see light or shadows, colour or shapes. Other people with a visual disability can see only a part of the colour spectrum, while others may see only using peripheral vision.

Rather than referring to all people with visual disabilities as if they were the same – which results in depersonalizing and stereotyping with respect to ability – we should learn how the needs of one person with VDs differ from the needs of another person with VDs.

Rather than equating people with VDs with the disability, one should see the person first. This also reflects in language.

Terms such as “the blind,” or “the visually handicapped,” are NOT suitable terms to describe a person who is blind or a person with an visual impairment.

Just like other people, people with VDs use terms such as “did you see?” “watch out for” “look at that.”

*Assistive Devices:* white cane, guide dog, Braille, magnifying glasses and heavy lenses, monocular, talking books, closed circuit TV, reading machines, talking calculator, screen reader

**Hearing Disabilities HDs** includes a wide range of hearing loss from partial to total.

Among people with hearing disabilities, there are two general groups:

1. People who are called Deaf, and rely mainly on sign language as a principal means of communication .
2. People who are hard of hearing, who typically have functional speech and who communicate primarily through speech.

Being aware that someone has a hearing disability and the extent of their hearing loss is important in being able to communicate with them effectively.

When referring to people with Hearing Disabilities place the person first: “a person who is Deaf,” “a person who is hard of hearing,” instead of “a deaf person” or “the hard of hearing.” Avoid using words like “deaf and dumb” and “deaf mute.” The word “dumb” has negative connotations and people who are deaf are physically capable of speech, but do not hear the sound of their own voices.

*Assistive Devices:* hearing aid, teletypewriter (TTY), telephone amplification devices, message relay service, hearing ear dog, closed captioning, the infrared, FM systems, signaling devices, sign language interpreter, oral interpreter, note takers, phone communicator, speech viewer.

**Physical Disabilities (PDs)** is a term that refers to a wide range and degrees of impairment. Physical Disabilities can occur at birth – e.g. spina bifida. They can be caused by a disease – multiple sclerosis or they can be the result of an accident – spinal cord injury

Physical Disabilities can be apparent or not that visible. PDs are visible when a person uses assistive devices. Absence of assistive devices does not mean that a person does not have a physical disability. Back injuries, for example, represent the physical disability which, besides making it difficult for a person to lift or sit for a prolonged period of time, is invisible. Periodic or episodic disabilities such as multiple sclerosis and arthritis occur for shorter periods of time, but are otherwise invisible.

People with Physical Disabilities enjoy their independence.

Using terms and phrases such as “confined to a wheelchair,” “stricken with polio,” “a victim of cerebral palsy,” “a spastic,” “a cripple” creates attitudinal barriers, conveys the impression that an individual with physical disabilities has no control or autonomy over their life and places the disability before the person.

Instead, the more acceptable phrases are: “a wheelchair user,” “a person with muscular dystrophy,” “a person who has cerebral palsy,” etc.

Phrases such as “let’s get rolling,” “can I give you a hand?” “let’s go for a walk” do NOT have to be avoided when talking with people with physical disabilities.

Assistive Devices: manual and battery-operated wheelchairs, artificial limbs, specially equipped cars and vans, hands-free telephones operated with speakers or head-sets, appliance control systems, bathroom grab bars, poles and tub rails, stair lifts, crutches, quadruped and rectangular canes, walkers.

**Intellectual Disabilities (IDs)** imply difficulty learning, remembering or reasoning.

They can be caused before birth, after birth, premature birth, ingestion of toxic substances in infancy, substance abuse by mother etc.

Only 1% of people with intellectual disabilities are totally dependent and require permanent care. 80% of people with intellectual disabilities are capable of achieving both academic and employment successes.

Terms such as “mentally handicapped,” “mentally retarded,” “intellectually disabled,” and “mentally disabled” are NOT suitable terms to describe people with intellectual disabilities.

**Learning Disabilities (LDs)** are as unique as the people who have them. It is important to treat each person individually. Learning disabilities are invisible disabilities. Some aspects of LDs are: difficulty to focus, express one’s ideas in writing or orally, participate in multi-skill activities (listening and taking notes), participate in one mode of communication (reading or writing). Instead of labeling people with learning disabilities “stupid,” “idiot” or similar, it is our responsibility to find ways of creating supportive and encouraging learning environments.

Assistive Devices: dictaphones and tape recorders for people who have difficulty communicating in handwriting; calculators for people who have problems with numbers; computers for people who have problems with their handwriting; meetings in person; multimedia communication, etc.

**Psychiatric Disabilities (PDs)**

Some people with PDs refer to themselves as “survivors” of a mental illness, the health system or as “consumers of mental health services” because these terms are more likely to emphasize the empowerment of the individual.

Avoid terms such as “the mentally ill,” “schizophrenic,” “crazy” or “psycho.”

## **Other Disabilities**

Examples of other disabilities are: dietary restrictions, environmental sensitivities, fatigue and low level of endurance or reliance on mechanical equipment. Other disabilities appear as side-effects of disease or treatment thereof. For example, as a result of diabetes or heart disease, people need to be on a special diet. As a result of being on dialysis, people are dependent on mechanical equipment and feel tired after such treatment. All these factors play a role in shaping where and when people with other disabilities can work and conduct a variety of other day-to-day activities.

**Traumatic Brain Injury** can be closed or open. Closed head injury results from whiplash to the brain which strains the brain stem whose role is to regulate breathing, heart beat, consciousness, eye movement, swallowing, pupil reactions and facial muscles. Open head injuries are those with a visible wound i.e. from a gun shot or other outside factor.

Traumatic brain injury causes:

- physical impairments: speech, vision, hearing, paralysis, headaches etc.
- cognitive impairments: short and long-term memory deficit, attention, perception, difficulty reading and writing, communication problems etc.
- psycho-social-behavioral-emotional impairments: overwhelming fatigue, mood swings, anxiety etc.

Rehabilitation from head injuries can be slow and long.

**Communications Disabilities** refer to speech impairment. Types of communication disabilities are as follows:

Aphasia is speech and language impairment caused by a stroke or other brain injury  
Slurred speech, stuttering, total or partial loss of voice (usually due to cancer), called laryngectomy.

*Assistive Devices*: multiple methods of communications such as speech, drawing and writing; esophageal speech for people with total laryngectomy (forcing air into the esophagus and then pushing it out again to form words and sounds); battery-powered electrolarynx and air-powered pneumatic larynx.

## **Some additional terms to pay attention to:**

**Mental disorder** refers to limited ability to learn. It is incurable, but progress is possible.

**Handicap** – external situation or condition that prevents the individual from performing daily routines i.e. absence of ramps, curb cuts, accessible buildings, washrooms etc.

**Disabilities or impairments** require individuals to find non-traditional ways of performing certain activities.

**Cerebral Palsy** is a physical condition which affects person's coordination.

**Paraplegia** is impairment caused by damage to the spinal cord.

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